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1c924 U.S. PTO

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Box SEA

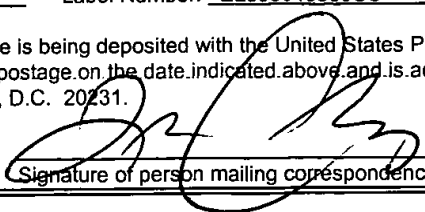
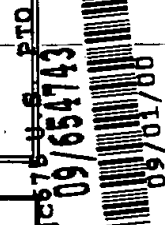
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Luis A. Cruz

Printed name of person mailing correspondence


 Signature of person mailing correspondence


UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	07891/003005
Applicant	ROBERT G. KORNELUK, ALEXANDER E. MACKENZIE, STEPHEN BAIRD, AND PETER LISTON
Title	MAMMALIAN IAP GENE FAMILY, PRIMERS, PROBES, and DETECTION METHODS

PRIORITY INFORMATION:

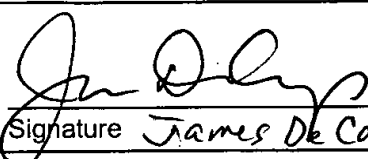
This application is a continuation of and claims priority from United States patent application 08/576,956, filed December 22, 1995; which is a Continuation-in-Part of United States patent application 08/511,485, filed August 4, 1995, now issued as U.S. Patent No. 5,919,912.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	88 pages
Claims	6 pages
Abstract	1 page
Drawing	50 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/576,956 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	2 pages
Sequence Listing on Paper	42 pages
Sequence Listing on Diskette	1 diskette
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/576,956 and such small entity status is still proper and desired.	2 pages

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Preliminary Amendment	16 pages
IDS	2 pages
Form PTO 1449	5 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 page
Assignee's Statement	0 page
English Translation	0 page
Certified Copy of Priority Document	0 page
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: $47 - 20 = 27 \times \$9$	\$243.00
Excess Independent Claims Fee: $16 - 3 = 13 \times \$39$	\$507.00
Multiple Dependent Claims Fee: \$260/\$130	
Total Fees:	\$1095.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1095.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<u>9/1/00</u> Date	